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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7996

SERIAL NUMBER 09/606,629	FILING DATE 06/29/2000 RULE	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. APH - 0101
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**** CONTINUING DATA *******

This application is a CON of 09/447,642 11/23/1999 PAT 6,214,385
which is a CON of 09/287,904 04/07/1999 PAT 6,033,687
which is a CON of 09/169,792 10/09/1998 ABN
which is a CON of 08/814,602 03/10/1997 PAT 5,834,024
which is a CIP of 08/369,100 01/05/1995 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 09/21/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	AUSTRALIA	5	10	5

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TITLE

CONTROLLED ABSORPTION DILTIAZEM PHARMACEUTICAL FORMULATION

FILING FEE RECEIVED 846	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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04-14-06